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Application Number **CAM3-PT040** Filing Date TRANSMITTAL February 13, 2002 **FORM** First Named Inventor Mario Meggiolan Art Unit 1732 be used for all correspondence after initial filing) **Examiner Name** Stefan Staicovici Attorney Docket Number CAM3-PT040 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication X Fee Transmittal Form Drawing(s) to Group Appeal Communication to Board X Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please X Terminal Disclaimer Extension of Time Request Identify below): Form PTO-1449; 6 Cited References thereon Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority RECEIVED Document(s) Response to Missing Parts/ NOV 1 2 2003 Incomplete Application Response to Missing Parts TC 1700 under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Reg. No. 28,377 Anthony S. Volpe Individual name Volpe and Koenig, P.C Signature Date Nővember 3. 2003 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Anthony S. Volpe

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Signature

Date

November 3, 2003

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## REFORANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

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Co	omplete if Known
Application Number	10/073,407
Filing Date	February 13, 2002
First Named Inventor	Mario Meggiolan
Examiner Name	Stefan Staicovici
Art Unit	1732
Attorney Docket No.	CAM3-PT040

November 3, 2003

Date

Check Credit card Money Other None Order None Deposit Account:  Deposit Account Number Deposit Account Number Deposit Account Number Deposit Account Name  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below Credit any overpayments  Charge fee(s) indicated below, except for the filing fee  Code (s)  ADDITIONAL FEES  Large Entity Small Entity  Fee Fee Code (s)  Fee Pee Code (s)  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Code (s)  Small Entity  Fee Fee Code (s)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  The Director is autho			
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to the above-identified deposit account.  1251 110 2251 55 Extension for reply within first month			
FEE CALCULATION  1252 420 2252 210 Extension for reply within second month			
1. BASIC FILING FEE			
Large Entity Small Entity  Fee Fee Fee Fee Fee Pee Description Fee Paid 1254 1,480 2254 740 Extension for reply within fourth month			
Code (\$) Code (\$)  1255 2,010 2255 1,005 Extension for reply within fifth month			
1001 7/0   2001 385			
1002 340 2002 170 Design filing fee 1401 330 2401 165 Notice of Appeal			
1003 530 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in support of an appeal			
1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing			
1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 0 1452 110 2452 55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Fee from 1301 1,330 2301 003 Utility Issue Ice (07 Telssue)			
Extra Claims below Fee Paid 1502 480 2502 240 Design issue fee			
Independent 1303 040 2303 320 Fiain 3306 160			
Claims L ^ 1460 130   1460 130 Petitions to the Commissioner L			
Multiple Dependent 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)			
Large Entity   Small Entity   1806   180   1806   180   Submission of Information Disclosure Stmt   180.00   1806   1806   1806			
Code (\$) Code (\$)  8021 40 8021 40 Recording each patent assignment per property (times number of properties)			
1202 18 2202 9 Claims in excess of 20 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be			
1204 86 2204 43 ** Reissue independent claims examined (37 CFR 1.129(b))			
over original patent 1801 770 2801 385 Request for Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 Request for expedited examination			
SUBTOTAL (2) (\$) 0 Other fee (specify)			
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 180.00			
SUBMITTED BY (Complete (if applicable))			
Name (Print/Type) Anthony S. Volpe Registration No. 28,377 Telephone 215-568-6400			

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